



EXHIBIT 1

DATE 2/19/13

HB 490

HB 490 by Rep. Jenny Eck
Restrict the use of long-term solitary confinement
Support

What does the bill do?

House Bill 490 prohibits the use of long-term solitary confinement for juveniles or inmates with serious mental illness. The bill also establishes minimum requirements that must be met before any other inmate is subject to long-term solitary confinement. Those requirements include a mental health evaluation, a hearing, and specific findings before an inmate may be placed in long-term solitary confinement. HB 490 also establishes basic minimum conditions for solitary confinement, including continued mental and medical health care evaluations and treatment, access to ventilation, light, personal hygiene items, reading materials and mail.

What is long-term solitary confinement?

Long-term solitary confinement means being locked alone in a cell for 22-24 hours a day, for 14 days or more at a time. The cells are approximately 8 feet by 10 feet and minimally equipped. Inmates have little human contact or interaction; little, if any, natural light; little or no reading material, radios, and other property; and visitation is limited. Nearly all human contact occurs when the prisoner is in restraints or behind a barrier.

When is long-term solitary confinement used?

There is a common misconception that only the most dangerous prisoners are held in solitary confinement. Solitary was once used sparingly, and only for the most dangerous offenders. Now, in Montana and other states, inmates may stay in solitary confinement, or "administrative segregation," for years. Many individuals housed in isolated confinement are severely mentally ill or cognitively disabled. Inmates are required to remain in solitary confinement until they demonstrate over a long period of time that their behavior has changed. This is done despite the fact that for many inmates, particularly juveniles and those with mental illness, solitary exacerbates their conditions and contributes to disruptive behavior.

Why is long-term solitary confinement a problem?

People subject to solitary confinement show a variety of negative physical and psychological reactions, including hallucinations, increased anxiety, irrational anger, lack of impulse control, self-mutilation, and lower levels of brain function. Suicide rates and incidents of self-harm are much higher for prisoners in solitary confinement. And while solitary confinement is painful and difficult for even relatively healthy individuals, it is devastating for those with mental illness and for juveniles, who are even more likely to deteriorate dramatically and engage in acts of self-injury.

What happens after solitary?

The vast majority of inmates in Montana will be released from prison and returned to society. Right now, inmates could remain in solitary right up until their release date, eventually being released straight from a solitary unit onto the streets. Many times, individuals who enter society immediately following time spent in solitary confinement do not have access to rehabilitation.

What can be done to limit long-term solitary confinement?

There are several ways that corrections institutions across the country have lessened their use of solitary confinement:

- Through the use of a revised classification model and graduated incentive programs, the Mississippi Department of Corrections reduced their administrative segregation population by more than 75% and eventually closed a 1,000 bed maximum security unit.
- The Colorado Department of Corrections instituted reforms that led to the closure of a 316 bed unit. The department also directed that inmates with "major mental illness" would no longer be held in solitary confinement and, in 2014, a bill banning long-term solitary confinement of prisoners with serious mental illness was signed into law.

Contact information and additional resources:

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